

**National Minority SA/HIV Prevention Initiative**

**Cohort 7**

**Youth Questionnaire**

**TO BE FILLED OUT BY THE LOCAL GRANT SITE DATA COLLECTOR**

**Last Name**\_\_\_\_\_, **First Name**\_\_\_\_\_, **M.I.**\_\_\_\_\_

**Participant ID #:** \_\_\_\_\_

**RESPONDENT OR PARTICIPANT:** Before answering any of the questions, please make sure your name is correct. If incorrect, make the change in the box above. Do not write your name on any other page in this questionnaire. Thank you.

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# National Minority SA/HIV Prevention Initiative

## Cohort 7

### Youth Questionnaire

Funding for data collection supported by the  
Center for Substance Abuse Prevention (CSAP)  
Substance Abuse and Mental Health Services Administration (SAMHSA)  
U.S. Department of Health and Human Services (HHS)

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These questions are part of a data collection effort about how to prevent substance abuse and HIV infection. The questions are being asked of hundreds of other individuals throughout the United States. The data findings will be used to help prevention initiatives learn more about how to keep young people from using drugs and getting infected with HIV.

Completing this questionnaire is voluntary. If you do not want to answer any of the questions, you do not have to. However, your answers are very important to us. Please answer the questions honestly—based on what you really do, think, and feel. Your answers will not be told to anyone in your family or community. **Do not write your name anywhere on this questionnaire.**

We would like you to work fairly quickly, so that you can finish. Please work quietly by yourself. If you have any questions or don't understand something, let the data collector know.

We think you will find the questionnaire to be interesting and that you will like filling it out. Thank you very much for being an important part of this data collection effort!

Completing this questionnaire will take no more than an average of 50 minutes per person. These questions support performance reporting for the Government Performance Results Act, Performance Assessment Rating Tool, CSAP's National Outcome Measures, and the CSAP Minority AIDS Initiative. Send comments or questions regarding this burden estimate or any other aspect of this collection of information to SAMHSA/CSAP, 1 Choke Cherry Road, Room 5-1115, Rockville, MD 20857.

#### INSTRUCTIONS

1. Answer each question by marking one of the answer circles. Some questions allow you to mark more than one answer. If you don't find an answer that fits exactly, choose the one that comes closest.
2. Mark your answers carefully so we can tell which answer circle you chose. Do not mark between the circles.
3. It is very important that you answer each question truthfully. Your responses will not be helpful unless you tell the truth.

#### MARKING YOUR ANSWERS

- Use a No. 2 black lead pencil.
- Do not use an ink or ballpoint pen.
- Make heavy dark marks that fill the circle completely.
- Erase cleanly any answer you wish to change.
- Make no stray marks on this questionnaire.

#### EXAMPLES

Correct Marks:      Incorrect Marks:

☐ ☒ ☐ ☐      ☒ ☒ ☒ ☒

## Record Management Section: To be Completed by Designated Staff

### Grant ID

S	P						
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### Study Design Group (Select one)

☐ Intervention ☐ Comparison

### Participant ID

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### Date of Survey Administration

	/		/	
Month		Day		Year

### Interview Type (Select one)

☐ Baseline ☐ Exit ☐ Follow-up

### Intervention Duration (Select one)

☐ Single Session Intervention  
☐ Multiple Session Brief Intervention (less than 30 day duration)  
☐ Multiple Session Long Intervention (30 days or longer duration)

### Intervention Name(s) (If the participant is receiving direct services from more than one intervention, please list each intervention below)

1.	
2.	
3.	

## Section One: Facts About You

First, we'd like to ask some questions about you. We are not going to use this information to identify you, but instead to talk about what different groups of people have to say. For example, what boys have to say, and how that may be different from what girls have to say. Or how 12-year-olds feel about different things, and how that might be different from what 17-year-olds feel.

### 1. How would you describe yourself? (Gender)

☐ Male  
☐ Female

### 2. In what year were you born? (Enter all four digits of the year in the boxes below, and fill in corresponding circles)

1 <input type="radio"/>	0 <input type="radio"/>	0 <input type="radio"/>	0 <input type="radio"/>
2 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>
	2 <input type="radio"/>	2 <input type="radio"/>	2 <input type="radio"/>
	3 <input type="radio"/>	3 <input type="radio"/>	3 <input type="radio"/>
	4 <input type="radio"/>	4 <input type="radio"/>	4 <input type="radio"/>
	5 <input type="radio"/>	5 <input type="radio"/>	5 <input type="radio"/>
	6 <input type="radio"/>	6 <input type="radio"/>	6 <input type="radio"/>
	7 <input type="radio"/>	7 <input type="radio"/>	7 <input type="radio"/>
	8 <input type="radio"/>	8 <input type="radio"/>	8 <input type="radio"/>
	9 <input type="radio"/>	9 <input type="radio"/>	9 <input type="radio"/>

### 3. In what month were you born?

☐ January ☐ July  
☐ February ☐ August  
☐ March ☐ September  
☐ April ☐ October  
☐ May ☐ November  
☐ June ☐ December

### 4. On what day of the month were you born?

☐ 1 ☐ 12 ☐ 22  
☐ 2 ☐ 13 ☐ 23  
☐ 3 ☐ 14 ☐ 24  
☐ 4 ☐ 15 ☐ 25  
☐ 5 ☐ 16 ☐ 26  
☐ 6 ☐ 17 ☐ 27  
☐ 7 ☐ 18 ☐ 28  
☐ 8 ☐ 19 ☐ 29  
☐ 9 ☐ 20 ☐ 30  
☐ 10 ☐ 21 ☐ 31  
☐ 11

**5. Are you Hispanic or Latino?**

- ☐ Yes
- ☐ No

**6. What is your race?** (Select one or more)

- ☐ White
- ☐ Black or African American
- ☐ American Indian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ Alaskan Native
- ☐ Other

**7. How would you describe yourself?** (Sexual orientation)

- ☐ Straight or heterosexual
- ☐ Bisexual
- ☐ Gay or lesbian
- ☐ Unsure

**8. What is your primary spoken language?**

- ☐ English
- ☐ Spanish
- ☐ Asian (Chinese, Japanese, or other)
- ☐ American Indian (Apache, Blackfoot, Navajo, or other)
- ☐ Other

**9. How long have you lived in the United States?**

- ☐ Less than a year
- ☐ 1 to 2 years
- ☐ 3 to 4 years
- ☐ 5 or more years
- ☐ All my life

**10. With whom do you live?**  
(Mark all that apply)

- ☐ Alone
- ☐ With my mother
- ☐ With my father
- ☐ With my brother(s) and/or sister(s)
- ☐ With my grandparent(s)
- ☐ With other relatives or guardian(s)
- ☐ With my spouse or significant other
- ☐ With my child or my children
- ☐ With roommates
- ☐ Other

**11. Describe where you live.**

- ☐ In my own home or apartment
- ☐ In a relative's home
- ☐ In a group home
- ☐ In a foster home
- ☐ Homeless or in a shelter
- ☐ Other

**12. What is the highest level of education you have finished, whether or not you received a degree?** (Mark the highest grade you have completed.)

- ☐ 1<sup>st</sup> grade
- ☐ 2<sup>nd</sup> grade
- ☐ 3<sup>rd</sup> grade
- ☐ 4<sup>th</sup> grade
- ☐ 5<sup>th</sup> grade
- ☐ 6<sup>th</sup> grade
- ☐ 7<sup>th</sup> grade
- ☐ 8<sup>th</sup> grade
- ☐ 9<sup>th</sup> grade
- ☐ 10<sup>th</sup> grade
- ☐ 11<sup>th</sup> grade
- ☐ 12<sup>th</sup> grade
- ☐ College freshman
- ☐ College sophomore
- ☐ College junior
- ☐ College completion
- ☐ Some graduate school, but no degree received
- ☐ Master's degree
- ☐ Some professional school, (such as medical or law school) but no degree received, or doctoral program
- ☐ Doctorate or professional degree

**13. During the past 12 months, have you driven a vehicle while you were under the influence of alcohol?**

- ☐ Yes
- ☐ No
- ☐ Don't know or can't say

**14. Have you ever been suspended from school for drug or alcohol use?**

- ☐ Yes
- ☐ No

**15. Have you ever been in juvenile/adult detention, jail, or prison for more than 3 days?**

- ☐ Yes
- ☐ No

**16. If YES to question 15, how long has it been since you last got out of juvenile/adult detention, jail, or prison?**

- ☐ Never in juvenile/adult detention, jail, or prison for more than 3 days
- ☐ Less than 30 days
- ☐ Between 30 days and 1 year
- ☐ Between 1 and 2 years
- ☐ Between 2 and 3 years
- ☐ Between 3 and 4 years
- ☐ Between 4 and 5 years
- ☐ More than 5 years

## End of Section One

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## Section Two: Attitudes & Knowledge

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In this section, we are going to ask how you feel about certain things, such as school, substance use, and sexual behavior. We are also going to ask what you know about HIV/AIDS. Remember, your answers are private and will not be used to identify you.

The next few questions ask about how you feel about school. First, we need some background information.

**17. Are you enrolled in school?**

- ☐ Yes
- ☐ No

**18. Are you on summer break or vacation?**

- ☐ Yes
- ☐ No

**19. What were your most recent grades in school?**

- ☐ I am not in school
- ☐ Mostly As
- ☐ Mostly Bs
- ☐ Mostly Cs
- ☐ Mostly Ds
- ☐ Mostly Fs

Next, mark the circle that best describes how you feel about school. If you are on summer break or vacation, mark the circle for how you were feeling before summer vacation.

**20. How often do you feel that the school work you are assigned is meaningful and important?**

- ☐ I am not in school
- ☐ Almost always
- ☐ Often
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

**21. How interesting are most of your classes to you?**

- ☐ I am not in school
- ☐ Very interesting
- ☐ Quite interesting
- ☐ Fairly interesting
- ☐ Slightly dull
- ☐ Very dull

**22. How important do you think things you are learning in school are going to be for you later in life?**

- ☐ I am not in school
- ☐ Very important
- ☐ Quite important
- ☐ Fairly important
- ☐ Slightly important
- ☐ Not at all important

Now think back over the last year in school...

**23. How often did you enjoy being in school?**

- ☐ I was not in school during the last year
- ☐ Almost always
- ☐ Often
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

**24. How often did you hate being in school?**

- ☐ I was not in school during the last year
- ☐ Almost always
- ☐ Often
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

**25. How often did you try to do your best in school?**

- ☐ I was not in school during the last year
- ☐ Almost always
- ☐ Often
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

The next few questions ask about your **ETHNIC GROUP**. An ethnic group is a cultural group that has a shared history, similar customs, traditions, and sometimes shared values.

**26. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

**27. I am active in organizations or social groups that include mostly members of my own ethnic group.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

**28. I think a lot about how my life is affected by my ethnic group membership.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

**29. I have often talked to other people about my ethnic background.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

**30. I am interested in learning more about my ethnic background.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

**31. I participate in cultural practices of my own ethnic group, such as special food, music, or customs.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

The next few questions ask about your religious or spiritual beliefs and their role in your daily life.

**32. In general, how important are religious or spiritual beliefs in your day-to-day life?**

- ☐ Very important
- ☐ Fairly important
- ☐ Not too important
- ☐ Not at all important

**33. When you have problems or difficulties with your school (education), work, family, friends, or personal life, how often do you seek spiritual guidance and support?**

- ☐ Almost always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

**34. How spiritual or religious would you say you are?**

- ☐ Very spiritual or religious
- ☐ Fairly spiritual or religious
- ☐ Not too spiritual or religious
- ☐ Not spiritual or religious at all

The next section begins with a question about your thoughts on how ***your friends*** feel about you using cigarettes, followed by a set of questions asking how ***you*** feel about someone your age using alcohol, tobacco, and drugs. Please tell us if you approve or disapprove of their actions.

35. **How do you think *your close friends* would feel about YOU smoking one or more packs of cigarettes a day?**

- ☐ Neither approve nor disapprove
- ☐ Somewhat disapprove
- ☐ Strongly disapprove
- ☐ Don't know or can't say

36. **How do *you* feel about someone your age smoking one or more packs of cigarettes a day?**

- ☐ Neither approve nor disapprove
- ☐ Somewhat disapprove
- ☐ Strongly disapprove
- ☐ Don't know or can't say

37. **How do *you* feel about someone your age trying marijuana or hashish once or twice?**

- ☐ Neither approve nor disapprove
- ☐ Somewhat disapprove
- ☐ Strongly disapprove
- ☐ Don't know or can't say

38. **How do *you* feel about someone your age using marijuana once a month or more?**

- ☐ Neither approve nor disapprove
- ☐ Somewhat disapprove
- ☐ Strongly disapprove
- ☐ Don't know or can't say

39. **How do *you* feel about someone your age having one or two drinks of an alcoholic beverage nearly every day?**

- ☐ Neither approve nor disapprove
- ☐ Somewhat disapprove
- ☐ Strongly disapprove
- ☐ Don't know or can't say

The next few questions ask about HOW MUCH you think people RISK HARMING themselves physically or in other ways by using alcohol, tobacco, and drugs.

40. **How much do people risk harming themselves physically or in other ways when they smoke one or more packs of cigarettes per day?**

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk
- ☐ Don't know or can't say

41. **How much do people risk harming themselves physically or in other ways when they smoke marijuana once or twice a week?**

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk
- ☐ Don't know or can't say

42. **How much do people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?**

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate risk
- ☐ Great risk
- ☐ Don't know or can't say

The next set of questions is about **SEX**.

By *sex* or *sexual activity*, we mean a situation where two partners get sexually excited or aroused (turned on) by touching each other's genitals (penis or vagina) or anus (butt) with their own genitals, hands, or mouth.

One question asks about *sexual partners*. A sexual partner is someone with whom you have sex, that is, engage in sexual activity.

When we ask about *safe sex*, we mean sex that is protected by using condom.

In the next **3 months**, how likely are you to...

**43. Be sexually active?**

- ☐ Not at all likely
- ☐ A little likely
- ☐ Somewhat likely
- ☐ Very likely

**44. Have more than one sexual partner?**

- ☐ Not at all likely
- ☐ A little likely
- ☐ Somewhat likely
- ☐ Very likely

**45. To practice safe sex?**

- ☐ Not intending to have any sex during the next 3 months
- ☐ Not at all likely
- ☐ A little likely
- ☐ Somewhat likely
- ☐ Very likely

Please indicate how much you agree or disagree with the following statements.

**46. I can get my boyfriend or girlfriend to use a condom, even if he or she does not want to.** (If you don't have a boyfriend or girlfriend right now, suppose you had. How would you answer this question if you did?)

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

**47. I would be able to say to my boyfriend or girlfriend that we should use a condom.** (If you don't have a boyfriend or girlfriend right now, suppose you had. How would you answer this question if you did?)

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

**48. I could refuse if someone wanted to have sex without a condom.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

**49. I could say no if someone pressured me to have sex when I did not want to.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

**50. I would be able to say no if a friend offered me a drink of alcohol.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

**51. I would be able to refuse if a friend offered me drugs, including marijuana.**

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

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## HIV/AIDS – What You Know

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The next set of questions is about HIV/AIDS. Please indicate whether you think each of the following statements is true or false, or if you don't know.

**52. Only people who look sick can spread the HIV/AIDS virus.**

- ☐ True
- ☐ False
- ☐ Don't know



**53. Only people who have sex with gay (homosexual) people get HIV/AIDS.**

- ☐ True
- ☐ False
- ☐ Don't know

**54. Birth control pills protect women from getting the HIV/AIDS virus.**

- ☐ True
- ☐ False
- ☐ Don't know

**55. There are drugs available to treat HIV that can lengthen the life of a person infected with the virus.**

- ☐ True
- ☐ False
- ☐ Don't know

**56. There is no cure for AIDS.**

- ☐ True
- ☐ False
- ☐ Don't know

**57. Young people under age 18 need their parents' permission to get an HIV test.**

- ☐ True
- ☐ False
- ☐ Don't know

**58. Having another sexually transmitted disease like gonorrhea or herpes increases a person's risk of becoming infected with HIV.**

- ☐ True
- ☐ False
- ☐ Don't know

**59. Sharing intravenous needles increases a person's risk of becoming infected with HIV.**

- ☐ True
- ☐ False
- ☐ Don't know

**60. You can become infected with HIV by having unprotected oral sex.**

- ☐ True
- ☐ False
- ☐ Don't know

The next few questions ask about HIV testing.

**61. Have you ever been tested for the HIV virus that causes AIDS?**

- ☐ Yes
- ☐ No

**62. If YES to question 61, did you receive or go back to get your results?**

- ☐ I have never been tested

- ☐ Yes
- ☐ No

**63. If you had the opportunity to be tested for HIV, would you?**

- ☐ I have already been tested

- ☐ Yes
- ☐ No
- ☐ Don't know

## End of Section Two

## Section Three: Behavior & Relationships

The next two questions are about **CIGARETTES and OTHER TOBACCO PRODUCTS**.

Think back over the past 30 days and record on how many days, if any, you used cigarettes and/or other tobacco products.

**64. During the past 30 days, on how many days did you smoke part or all of a cigarette?**

(Includes menthol and regular cigarettes and loose tobacco rolled into cigarettes)

- |                               |                               |                                    |
|-------------------------------|-------------------------------|------------------------------------|
| <input type="radio"/> 0 days  | <input type="radio"/> 12 days | <input type="radio"/> 24 days      |
| <input type="radio"/> 1 day   | <input type="radio"/> 13 days | <input type="radio"/> 25 days      |
| <input type="radio"/> 2 days  | <input type="radio"/> 14 days | <input type="radio"/> 26 days      |
| <input type="radio"/> 3 days  | <input type="radio"/> 15 days | <input type="radio"/> 27 days      |
| <input type="radio"/> 4 days  | <input type="radio"/> 16 days | <input type="radio"/> 28 days      |
| <input type="radio"/> 5 days  | <input type="radio"/> 17 days | <input type="radio"/> 29 days      |
| <input type="radio"/> 6 days  | <input type="radio"/> 18 days | <input type="radio"/> 30 days      |
| <input type="radio"/> 7 days  | <input type="radio"/> 19 days | <input type="radio"/> Don't know   |
| <input type="radio"/> 8 days  | <input type="radio"/> 20 days | <input type="radio"/> or can't say |
| <input type="radio"/> 9 days  | <input type="radio"/> 21 days |                                    |
| <input type="radio"/> 10 days | <input type="radio"/> 22 days |                                    |
| <input type="radio"/> 11 days | <input type="radio"/> 23 days |                                    |

**65. During the past 30 days, on how many days did you use other tobacco products?**

(Includes any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe)

- |                               |                               |                                    |
|-------------------------------|-------------------------------|------------------------------------|
| <input type="radio"/> 0 days  | <input type="radio"/> 12 days | <input type="radio"/> 24 days      |
| <input type="radio"/> 1 day   | <input type="radio"/> 13 days | <input type="radio"/> 25 days      |
| <input type="radio"/> 2 days  | <input type="radio"/> 14 days | <input type="radio"/> 26 days      |
| <input type="radio"/> 3 days  | <input type="radio"/> 15 days | <input type="radio"/> 27 days      |
| <input type="radio"/> 4 days  | <input type="radio"/> 16 days | <input type="radio"/> 28 days      |
| <input type="radio"/> 5 days  | <input type="radio"/> 17 days | <input type="radio"/> 29 days      |
| <input type="radio"/> 6 days  | <input type="radio"/> 18 days | <input type="radio"/> 30 days      |
| <input type="radio"/> 7 days  | <input type="radio"/> 19 days | <input type="radio"/> Don't know   |
| <input type="radio"/> 8 days  | <input type="radio"/> 20 days | <input type="radio"/> or can't say |
| <input type="radio"/> 9 days  | <input type="radio"/> 21 days |                                    |
| <input type="radio"/> 10 days | <input type="radio"/> 22 days |                                    |
| <input type="radio"/> 11 days | <input type="radio"/> 23 days |                                    |

The next two questions are about **ALCOHOL**.

By alcohol, we mean BEER, WINE, WINE COOLERS, MALT BEVERAGES, or HARD LIQUOR.

Different groups of people in the United States may use alcohol for religious reasons. For example, some churches serve wine during a church service. If you drink wine at church or for some other religious reason, **do not** count these times in your answers to the questions below.

Think back over the past 30 days and record on how many days, if any, you drank alcohol.

**66. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?**

- |                               |                               |                                    |
|-------------------------------|-------------------------------|------------------------------------|
| <input type="radio"/> 0 days  | <input type="radio"/> 12 days | <input type="radio"/> 24 days      |
| <input type="radio"/> 1 day   | <input type="radio"/> 13 days | <input type="radio"/> 25 days      |
| <input type="radio"/> 2 days  | <input type="radio"/> 14 days | <input type="radio"/> 26 days      |
| <input type="radio"/> 3 days  | <input type="radio"/> 15 days | <input type="radio"/> 27 days      |
| <input type="radio"/> 4 days  | <input type="radio"/> 16 days | <input type="radio"/> 28 days      |
| <input type="radio"/> 5 days  | <input type="radio"/> 17 days | <input type="radio"/> 29 days      |
| <input type="radio"/> 6 days  | <input type="radio"/> 18 days | <input type="radio"/> 30 days      |
| <input type="radio"/> 7 days  | <input type="radio"/> 19 days | <input type="radio"/> Don't know   |
| <input type="radio"/> 8 days  | <input type="radio"/> 20 days | <input type="radio"/> or can't say |
| <input type="radio"/> 9 days  | <input type="radio"/> 21 days |                                    |
| <input type="radio"/> 10 days | <input type="radio"/> 22 days |                                    |
| <input type="radio"/> 11 days | <input type="radio"/> 23 days |                                    |

**67. During the past 30 days, on how many days have you been drunk or very high from drinking alcoholic beverages?**

- |                               |                               |                                    |
|-------------------------------|-------------------------------|------------------------------------|
| <input type="radio"/> 0 days  | <input type="radio"/> 12 days | <input type="radio"/> 24 days      |
| <input type="radio"/> 1 day   | <input type="radio"/> 13 days | <input type="radio"/> 25 days      |
| <input type="radio"/> 2 days  | <input type="radio"/> 14 days | <input type="radio"/> 26 days      |
| <input type="radio"/> 3 days  | <input type="radio"/> 15 days | <input type="radio"/> 27 days      |
| <input type="radio"/> 4 days  | <input type="radio"/> 16 days | <input type="radio"/> 28 days      |
| <input type="radio"/> 5 days  | <input type="radio"/> 17 days | <input type="radio"/> 29 days      |
| <input type="radio"/> 6 days  | <input type="radio"/> 18 days | <input type="radio"/> 30 days      |
| <input type="radio"/> 7 days  | <input type="radio"/> 19 days | <input type="radio"/> Don't know   |
| <input type="radio"/> 8 days  | <input type="radio"/> 20 days | <input type="radio"/> or can't say |
| <input type="radio"/> 9 days  | <input type="radio"/> 21 days |                                    |
| <input type="radio"/> 10 days | <input type="radio"/> 22 days |                                    |
| <input type="radio"/> 11 days | <input type="radio"/> 23 days |                                    |

The next question is about **MARIJUANA or HASHISH**. Marijuana is sometimes called weed, blunt, hydro, grass, or pot. Hashish is sometimes called hash or hash oil.

Think back over the past 30 days and record on how many days, if any, you used marijuana or hashish.

**68. During the past 30 days, on how many days did you use marijuana or hashish?**

- |                               |                               |                                    |
|-------------------------------|-------------------------------|------------------------------------|
| <input type="radio"/> 0 days  | <input type="radio"/> 12 days | <input type="radio"/> 24 days      |
| <input type="radio"/> 1 day   | <input type="radio"/> 13 days | <input type="radio"/> 25 days      |
| <input type="radio"/> 2 days  | <input type="radio"/> 14 days | <input type="radio"/> 26 days      |
| <input type="radio"/> 3 days  | <input type="radio"/> 15 days | <input type="radio"/> 27 days      |
| <input type="radio"/> 4 days  | <input type="radio"/> 16 days | <input type="radio"/> 28 days      |
| <input type="radio"/> 5 days  | <input type="radio"/> 17 days | <input type="radio"/> 29 days      |
| <input type="radio"/> 6 days  | <input type="radio"/> 18 days | <input type="radio"/> 30 days      |
| <input type="radio"/> 7 days  | <input type="radio"/> 19 days | <input type="radio"/> Don't know   |
| <input type="radio"/> 8 days  | <input type="radio"/> 20 days | <input type="radio"/> or can't say |
| <input type="radio"/> 9 days  | <input type="radio"/> 21 days |                                    |
| <input type="radio"/> 10 days | <input type="radio"/> 22 days |                                    |
| <input type="radio"/> 11 days | <input type="radio"/> 23 days |                                    |

The next question is about **OTHER ILLEGAL DRUGS**, **excluding** marijuana or hashish.

These include substances like inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to feel good or to get high), heroin, crack or cocaine, methamphetamine, hallucinogens (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), ecstasy (MDMA), PCP, peyote (sometimes called angel dust), and prescription drugs used without a doctor's orders, just to feel good or to get high.

Think back over the past 30 days and report on how many days, if any, you used other illegal drugs.

**69. During the past 30 days, on how many days did you use any other illegal drug?**

- |                               |                               |                                    |
|-------------------------------|-------------------------------|------------------------------------|
| <input type="radio"/> 0 days  | <input type="radio"/> 12 days | <input type="radio"/> 24 days      |
| <input type="radio"/> 1 day   | <input type="radio"/> 13 days | <input type="radio"/> 25 days      |
| <input type="radio"/> 2 days  | <input type="radio"/> 14 days | <input type="radio"/> 26 days      |
| <input type="radio"/> 3 days  | <input type="radio"/> 15 days | <input type="radio"/> 27 days      |
| <input type="radio"/> 4 days  | <input type="radio"/> 16 days | <input type="radio"/> 28 days      |
| <input type="radio"/> 5 days  | <input type="radio"/> 17 days | <input type="radio"/> 29 days      |
| <input type="radio"/> 6 days  | <input type="radio"/> 18 days | <input type="radio"/> 30 days      |
| <input type="radio"/> 7 days  | <input type="radio"/> 19 days | <input type="radio"/> Don't know   |
| <input type="radio"/> 8 days  | <input type="radio"/> 20 days | <input type="radio"/> or can't say |
| <input type="radio"/> 9 days  | <input type="radio"/> 21 days |                                    |
| <input type="radio"/> 10 days | <input type="radio"/> 22 days |                                    |
| <input type="radio"/> 11 days | <input type="radio"/> 23 days |                                    |

Now we would like to ask about your use of several specific drugs.

**70. During the past 30 days, on how many days have you sniffed glue or breathed the contents of aerosol spray cans, or inhaled (huffed) any other gases or sprays in order to get high?**

- |                               |                               |                                    |
|-------------------------------|-------------------------------|------------------------------------|
| <input type="radio"/> 0 days  | <input type="radio"/> 12 days | <input type="radio"/> 24 days      |
| <input type="radio"/> 1 day   | <input type="radio"/> 13 days | <input type="radio"/> 25 days      |
| <input type="radio"/> 2 days  | <input type="radio"/> 14 days | <input type="radio"/> 26 days      |
| <input type="radio"/> 3 days  | <input type="radio"/> 15 days | <input type="radio"/> 27 days      |
| <input type="radio"/> 4 days  | <input type="radio"/> 16 days | <input type="radio"/> 28 days      |
| <input type="radio"/> 5 days  | <input type="radio"/> 17 days | <input type="radio"/> 29 days      |
| <input type="radio"/> 6 days  | <input type="radio"/> 18 days | <input type="radio"/> 30 days      |
| <input type="radio"/> 7 days  | <input type="radio"/> 19 days | <input type="radio"/> Don't know   |
| <input type="radio"/> 8 days  | <input type="radio"/> 20 days | <input type="radio"/> or can't say |
| <input type="radio"/> 9 days  | <input type="radio"/> 21 days |                                    |
| <input type="radio"/> 10 days | <input type="radio"/> 22 days |                                    |
| <input type="radio"/> 11 days | <input type="radio"/> 23 days |                                    |

**71. During the past 30 days, on how many days did you use cocaine or crack?**

- |                               |                               |                                    |
|-------------------------------|-------------------------------|------------------------------------|
| <input type="radio"/> 0 days  | <input type="radio"/> 12 days | <input type="radio"/> 24 days      |
| <input type="radio"/> 1 day   | <input type="radio"/> 13 days | <input type="radio"/> 25 days      |
| <input type="radio"/> 2 days  | <input type="radio"/> 14 days | <input type="radio"/> 26 days      |
| <input type="radio"/> 3 days  | <input type="radio"/> 15 days | <input type="radio"/> 27 days      |
| <input type="radio"/> 4 days  | <input type="radio"/> 16 days | <input type="radio"/> 28 days      |
| <input type="radio"/> 5 days  | <input type="radio"/> 17 days | <input type="radio"/> 29 days      |
| <input type="radio"/> 6 days  | <input type="radio"/> 18 days | <input type="radio"/> 30 days      |
| <input type="radio"/> 7 days  | <input type="radio"/> 19 days | <input type="radio"/> Don't know   |
| <input type="radio"/> 8 days  | <input type="radio"/> 20 days | <input type="radio"/> or can't say |
| <input type="radio"/> 9 days  | <input type="radio"/> 21 days |                                    |
| <input type="radio"/> 10 days | <input type="radio"/> 22 days |                                    |
| <input type="radio"/> 11 days | <input type="radio"/> 23 days |                                    |

**72. During the past 30 days, on how many days did you use methamphetamine? (Also called meth, crystal meth, crank, go, and speed)**

- |                               |                               |                                    |
|-------------------------------|-------------------------------|------------------------------------|
| <input type="radio"/> 0 days  | <input type="radio"/> 12 days | <input type="radio"/> 24 days      |
| <input type="radio"/> 1 day   | <input type="radio"/> 13 days | <input type="radio"/> 25 days      |
| <input type="radio"/> 2 days  | <input type="radio"/> 14 days | <input type="radio"/> 26 days      |
| <input type="radio"/> 3 days  | <input type="radio"/> 15 days | <input type="radio"/> 27 days      |
| <input type="radio"/> 4 days  | <input type="radio"/> 16 days | <input type="radio"/> 28 days      |
| <input type="radio"/> 5 days  | <input type="radio"/> 17 days | <input type="radio"/> 29 days      |
| <input type="radio"/> 6 days  | <input type="radio"/> 18 days | <input type="radio"/> 30 days      |
| <input type="radio"/> 7 days  | <input type="radio"/> 19 days | <input type="radio"/> Don't know   |
| <input type="radio"/> 8 days  | <input type="radio"/> 20 days | <input type="radio"/> or can't say |
| <input type="radio"/> 9 days  | <input type="radio"/> 21 days |                                    |
| <input type="radio"/> 10 days | <input type="radio"/> 22 days |                                    |
| <input type="radio"/> 11 days | <input type="radio"/> 23 days |                                    |

73. During the past 30 days, on how many days did you inject any drugs? (Count only injections without a doctor's orders, those you had just to feel good or to get high.)

- |                               |                               |                                    |
|-------------------------------|-------------------------------|------------------------------------|
| <input type="radio"/> 0 days  | <input type="radio"/> 12 days | <input type="radio"/> 24 days      |
| <input type="radio"/> 1 day   | <input type="radio"/> 13 days | <input type="radio"/> 25 days      |
| <input type="radio"/> 2 days  | <input type="radio"/> 14 days | <input type="radio"/> 26 days      |
| <input type="radio"/> 3 days  | <input type="radio"/> 15 days | <input type="radio"/> 27 days      |
| <input type="radio"/> 4 days  | <input type="radio"/> 16 days | <input type="radio"/> 28 days      |
| <input type="radio"/> 5 days  | <input type="radio"/> 17 days | <input type="radio"/> 29 days      |
| <input type="radio"/> 6 days  | <input type="radio"/> 18 days | <input type="radio"/> 30 days      |
| <input type="radio"/> 7 days  | <input type="radio"/> 19 days | <input type="radio"/> Don't know   |
| <input type="radio"/> 8 days  | <input type="radio"/> 20 days | <input type="radio"/> or can't say |
| <input type="radio"/> 9 days  | <input type="radio"/> 21 days |                                    |
| <input type="radio"/> 10 days | <input type="radio"/> 22 days |                                    |
| <input type="radio"/> 11 days | <input type="radio"/> 23 days |                                    |

74. During the past 30 days, how stressful have things been for you because of your use of alcohol or drugs?

- ☐ I have not used alcohol or drugs in the past 30 days
- ☐ Not at all
- ☐ Somewhat
- ☐ Considerably
- ☐ Extremely

75. During the past 30 days, has your use of alcohol or drugs caused you to have emotional problems?

- ☐ I have not used alcohol or drugs in the past 30 days
- ☐ Not at all
- ☐ Somewhat
- ☐ Considerably
- ☐ Extremely

76. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you? (Mark one)

- ☐ More likely
- ☐ Less likely
- ☐ Would make no difference
- ☐ Don't know or can't say

The next few questions ask about the **FIRST TIME** you used a substance.

Think back whether you have EVER used any substances. If so, tell us your age the FIRST TIME you used the following substances.

77. How old were you the first time you smoked part or all of a cigarette? (Include menthol and regular cigarettes and loose tobacco rolled into cigarettes)

- ☐ I have never smoked part or all of a cigarette
- |  |                                    |
|--|------------------------------------|
| <input type="radio"/> 5 years old or younger | <input type="radio"/> 14 years old |
| <input type="radio"/> 6 years old            | <input type="radio"/> 15 years old |
| <input type="radio"/> 7 years old            | <input type="radio"/> 16 years old |
| <input type="radio"/> 8 years old            | <input type="radio"/> 17 years old |
| <input type="radio"/> 9 years old            | <input type="radio"/> 18 years old |
| <input type="radio"/> 10 years old           | <input type="radio"/> 19 years     |
| <input type="radio"/> 11 years old           | <input type="radio"/> or older     |
| <input type="radio"/> 12 years old           | <input type="radio"/> Don't know   |
| <input type="radio"/> 13 years old           | <input type="radio"/> or can't say |

78. How old were you the first time you used any other tobacco product? (Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe)

- ☐ I have never used any other tobacco products
- |  |                                    |
|--|------------------------------------|
| <input type="radio"/> 5 years old or younger | <input type="radio"/> 14 years old |
| <input type="radio"/> 6 years old            | <input type="radio"/> 15 years old |
| <input type="radio"/> 7 years old            | <input type="radio"/> 16 years old |
| <input type="radio"/> 8 years old            | <input type="radio"/> 17 years old |
| <input type="radio"/> 9 years old            | <input type="radio"/> 18 years old |
| <input type="radio"/> 10 years old           | <input type="radio"/> 19 years     |
| <input type="radio"/> 11 years old           | <input type="radio"/> or older     |
| <input type="radio"/> 12 years old           | <input type="radio"/> Don't know   |
| <input type="radio"/> 13 years old           | <input type="radio"/> or can't say |

79. **How old were you the first time you had a drink of an alcoholic beverage?** (Includes beer, wine, wine coolers, malt beverages, and liquor) DO NOT include any time when you only had a sip or two from a drink.

- ☐ I have never had a drink of an alcoholic beverage
- |  |                                    |
|--|------------------------------------|
| <input type="radio"/> 5 years old or younger | <input type="radio"/> 14 years old |
| <input type="radio"/> 6 years old            | <input type="radio"/> 15 years old |
| <input type="radio"/> 7 years old            | <input type="radio"/> 16 years old |
| <input type="radio"/> 8 years old            | <input type="radio"/> 17 years old |
| <input type="radio"/> 9 years old            | <input type="radio"/> 18 years old |
| <input type="radio"/> 10 years old           | <input type="radio"/> 19 years     |
| <input type="radio"/> 11 years old           | <input type="radio"/> or older     |
| <input type="radio"/> 12 years old           | <input type="radio"/> Don't know   |
| <input type="radio"/> 13 years old           | <input type="radio"/> or can't say |

80. **How old were you the first time you used marijuana or hashish?** (Also known as grass, pot, hash, or hash oil)

- ☐ I have never used marijuana or hashish
- |  |                                    |
|--|------------------------------------|
| <input type="radio"/> 5 years old or younger | <input type="radio"/> 14 years old |
| <input type="radio"/> 6 years old            | <input type="radio"/> 15 years old |
| <input type="radio"/> 7 years old            | <input type="radio"/> 16 years old |
| <input type="radio"/> 8 years old            | <input type="radio"/> 17 years old |
| <input type="radio"/> 9 years old            | <input type="radio"/> 18 years old |
| <input type="radio"/> 10 years old           | <input type="radio"/> 19 years     |
| <input type="radio"/> 11 years old           | <input type="radio"/> or older     |
| <input type="radio"/> 12 years old           | <input type="radio"/> Don't know   |
| <input type="radio"/> 13 years old           | <input type="radio"/> or can't say |

81. **How old were you the first time you used any other illegal drug?**

- ☐ I have never used any other illegal drugs
- |  |                                    |
|--|------------------------------------|
| <input type="radio"/> 5 years old or younger | <input type="radio"/> 14 years old |
| <input type="radio"/> 6 years old            | <input type="radio"/> 15 years old |
| <input type="radio"/> 7 years old            | <input type="radio"/> 16 years old |
| <input type="radio"/> 8 years old            | <input type="radio"/> 17 years old |
| <input type="radio"/> 9 years old            | <input type="radio"/> 18 years old |
| <input type="radio"/> 10 years old           | <input type="radio"/> 19 years     |
| <input type="radio"/> 11 years old           | <input type="radio"/> or older     |
| <input type="radio"/> 12 years old           | <input type="radio"/> Don't know   |
| <input type="radio"/> 13 years old           | <input type="radio"/> or can't say |

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## Sexual Behavior

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These questions ask about your personal experience with sex.

By sex, we mean a situation where two partners get sexually excited or aroused (turned on) by touching each other's genitals (penis or vagina) or anus (butt) with their own genitals, hands, or mouth.

When a male inserts his penis into his female partner's vagina, the partners are considered to be having *vaginal sex*.

When one partner's mouth touches the other partner's genitals (penis or vagina) or anus during sex, the partners are considered to be having *oral sex*.

When a male's penis is inserted into his male or female partner's anus, the partners are considered to be having *anal sex*.

82. **Have you ever had sex (either vaginal, oral, or anal)?**

- ☐ Yes  
☐ No

83. **How old were you when you had sex for the first time (include vaginal, oral, or anal sex)?**

- ☐ I have never had sex
- ☐ Under 5 years old
- ☐ Between 5 and 10 years old
- ☐ Between 11 and 14 years old
- ☐ Between 15 and 18 years old
- ☐ Over 18 years old

84. **During the last 30 days, have you had sex?**

- ☐ Yes  
☐ No

85. **If YES to question 84, did you or your partner use a condom?**

- ☐ I did not have sex during the last 30 days
- ☐ Yes
- ☐ No

86. In the last 30 days, did you and your boyfriend or girlfriend talk about using condoms?

- ☐ I do not have a boyfriend or girlfriend
- ☐ Yes
- ☐ No

87. During your life, with how many people have you had sex?

- ☐ 0 people
- ☐ 1 person
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 people
- ☐ 6 or more people

88. During the last 3 months, with how many people did you have sex?

- ☐ 0 people
- ☐ 1 person
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 people
- ☐ 6 or more people

89. Think about the last time you had sex. Did you drink alcohol or use drugs before you had sex the last time?

- ☐ I have never had sex
- ☐ Yes
- ☐ No

90. In the last 3 months, have you had sex after getting drunk or high?

- ☐ Yes
- ☐ No

91. Have you ever had sex for money, drugs, or other things?

- ☐ Yes
- ☐ No

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## Your Family and Friends

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The next few questions ask about your family.

92. Do you have any children?

- ☐ Yes
- ☐ No
- ☐ Don't know or can't say

93. If YES to question 92, how many children do you have?

- ☐ I don't have any children
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more children

94. Now, think about the past 12 months through today. During the past 12 months, have you talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? (By PARENTS, we mean your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.)

- ☐ Yes
- ☐ No
- ☐ Don't know or can't say

These questions ask about your relationship with your family.

95. I'm available when others in my family want to talk to me.

- ☐ I don't have any family
- ☐ Not true
- ☐ Sometimes true
- ☐ Usually true
- ☐ Always true

96. I listen to what other family members have to say, even when I disagree.

- ☐ I don't have any family
- ☐ Not true
- ☐ Sometimes true
- ☐ Usually true
- ☐ Always true

**97. Members of my family ask each other for help.**

- ☐ I don't have any family
- ☐ Not true
- ☐ Sometimes true
- ☐ Usually true
- ☐ Always true

**98. Members of my family like to spend free time with each other.**

- ☐ I don't have any family
- ☐ Not true
- ☐ Sometimes true
- ☐ Usually true
- ☐ Always true

**99. Members of my family feel very close to each other.**

- ☐ I don't have any family
- ☐ Not true
- ☐ Sometimes true
- ☐ Usually true
- ☐ Always true

**100. We can easily think of things to do together as a family.**

- ☐ I don't have any family
- ☐ Not true
- ☐ Sometimes true
- ☐ Usually true
- ☐ Always true

The next set of questions asks about things your friends may do or think.

**How many of your friends do the following:**

**101. Drink beer, wine, wine coolers, or hard liquor (besides a few sips)?**

- ☐ None
- ☐ A few
- ☐ Some
- ☐ Most
- ☐ All

**102. Get good grades?**

- ☐ None
- ☐ A few
- ☐ Some
- ☐ Most
- ☐ All

**103. Smoke cigarettes?**

- ☐ None
- ☐ A few
- ☐ Some
- ☐ Most
- ☐ All

**104. Get suspended from school or dropped out?**

- ☐ None
- ☐ A few
- ☐ Some
- ☐ Most
- ☐ All

**105. Smoke marijuana or weed?**

- ☐ None
- ☐ A few
- ☐ Some
- ☐ Most
- ☐ All

**106. Sniff glue, gases, or sprays to get high?**

- ☐ None
- ☐ A few
- ☐ Some
- ☐ Most
- ☐ All

**107. Volunteer for community work?**

- ☐ None
- ☐ A few
- ☐ Some
- ☐ Most
- ☐ All

**108. Get arrested?**

- ☐ None
- ☐ A few
- ☐ Some
- ☐ Most
- ☐ All



**109. Get involved in religious activities?**

- ☐ None
- ☐ A few
- ☐ Some
- ☐ Most
- ☐ All

**110. Exercise or play sports?**

- ☐ None
- ☐ A few
- ☐ Some
- ☐ Most
- ☐ All

**111. Are sexually active?**

- ☐ None
- ☐ A few
- ☐ Some
- ☐ Most
- ☐ All

**112. Been pregnant or got someone pregnant?**

- ☐ None
- ☐ A few
- ☐ Some
- ☐ Most
- ☐ All

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**Prevention Education**

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You may get information about substance abuse, HIV/AIDS, or other health issues from many different sources. The next few questions ask about some of these sources.

**113. During the past 12 months, do you recall hearing, reading, or watching an advertisement about prevention of substance abuse?**

- ☐ Yes
- ☐ No
- ☐ Don't know or can't say

Please tell us how much you have learned about prevention of substance abuse, HIV, or other health problems from the following sources:

**114. Your friends, brothers, or sisters?**

- ☐ A lot
- ☐ Some
- ☐ Only a little
- ☐ Nothing at all

**115. Your parents or guardians?**

- ☐ A lot
- ☐ Some
- ☐ Only a little
- ☐ Nothing at all

**116. Teachers, school nurses, or classes at school?**

- ☐ A lot
- ☐ Some
- ☐ Only a little
- ☐ Nothing at all

**117. A doctor or other health care provider?**

- ☐ A lot
- ☐ Some
- ☐ Only a little
- ☐ Nothing at all

**118. Television shows or movies?**

- ☐ A lot
- ☐ Some
- ☐ Only a little
- ☐ Nothing at all

**119. Books or pamphlets?**

- ☐ A lot
- ☐ Some
- ☐ Only a little
- ☐ Nothing at all

**120. Popular magazines such as *Essence*, *Seventeen*, *Audrey*, *Latina Style*, *Hombre*, *Cosmopolitan*?**

- ☐ A lot
- ☐ Some
- ☐ Only a little
- ☐ Nothing at all



**121. The Internet?**

- ☐ A lot
- ☐ Some
- ☐ Only a little
- ☐ Nothing at all

**122. In the past 30 days, have you been in any classes or programs where they talked about preventing HIV or AIDS?**

- ☐ Yes
- ☐ No

**123. In the past 30 days, have you been in any classes or programs where they talked about prevention of drug and alcohol abuse?**

- ☐ Yes
- ☐ No

The last two questions are about your experience with this survey.

**124. How comfortable was it for you to answer the questions in this survey?**

- ☐ Very comfortable
- ☐ Somewhat comfortable
- ☐ Somewhat uncomfortable
- ☐ Very uncomfortable

**125. How truthful were you when answering the questions?**

- ☐ Very truthful
- ☐ Somewhat truthful
- ☐ Somewhat untruthful
- ☐ Very untruthful

**YOU ARE DONE!**  
**Thank you for your help!**